


Non Profit
2005 ~~FOR PROFIT~~ CORPORATION
ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90017 022 ****70.00

DOCUMENT # 2005000071418 1. Entity Name STILTSVILLE TRUST, INC.	NO5000007849	
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50060870



Principal Place of Business 169 EAST FLAGLER AVE SUITE 1620 MIAMI, FL 33131		Mailing Address 169 EAST FLAGLER AVE SUITE 1620 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08012005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0145949
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent TUTTLE, WILLIAM II 169 EAST FLAGLER AVE SUITE 1620 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWIEP, PAUL J 2699 SOUTH BAYSHORE DRIVE PENTHOUSE MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C Gail B. Baldwin 3250 Mary Street #406 Miami, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTTLE, WILLIAM II 169 E. FLAGLER ST., SUITE 1620 MIAMI, FL 331311211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P Lynne Cameron 8900 NW 18th Terrace Miami, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, CLAY 200 SOUTH ORANGE AVENUE, SUITE 2600 ORLANDO, FL 32810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jeff Roberts 6105 Granada Blvd Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nancy Lee 20448 NE 34 CT Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIKIN GAIL B. BALDWIN 8-8-05 305 443-2266

Date

Daytime Phone #

ATTACHMENT

52060870



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 2, 2005

SIUMI PROVEN / WILLIAM M. TUTTLE, II, P.A.
ALFRED I. DUPONT BLDG.
169 E. FLAGLER ST., SUITE 1620
MIAMI, FL 33131-1298

SUBJECT: STILTSVILLE TRUST, INC.

This letter will confirm that due to a clerical error the above referenced corporation was incorrectly filed as a PROFIT (P03000074448) corporation. Please be advised, we have corrected our records to reflect this corporation as a NON PROFIT corporation and assigned new document number N05000007849 with the original file date of June 30, 2003.

Any annual reports/uniform business reports submitted this office should reflect the new document number.

We sincerely apologize for any inconvenience this error may have caused you.

Should you have any questions please feel free to contact this office at the address indicated below.

Sincerely,
Maryanne Dickey
Document Specialist Supervisor
New Filing Section

Letter number: 305A00049836

ATTACHMENT

2060870

State of Florida



Department of State

I certify the attached is a true and correct copy of the complete file of STILTSVILLE TRUST, INC., a corporation organized under the laws of the State of Florida, filed on June 30, 2003, as shown by the records of this office.

The document number of this corporation is N05000007849.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Second day of August, 2005



CR2EO22 (2-03)

Glenda E. Hood
Glenda E. Hood
Secretary of State